

**ALBANY OPTIONS SCHOOL  
TRANSCRIPT REQUEST FORM**

|                                                                                    |                                               |
|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Student First Name</b> (name as shown on transcript/ while enrolled in school): |                                               |
| <b>Student Last Name</b> (name as shown on transcript/ while enrolled in school):  |                                               |
| <b>Student Date of Birth</b> (MM/DD/YYYY):                                         | <b>Graduation/GED Completion Year</b> (YYYY): |

|                                                                                                                        |               |             |
|------------------------------------------------------------------------------------------------------------------------|---------------|-------------|
| <b>Please enter the name of the person or institution you would like your transcripts sent to</b> (e.g. college name): |               |             |
| <b>Street Address for the specific location you would like your transcripts sent to:</b>                               |               |             |
| <b>City:</b>                                                                                                           | <b>State:</b> | <b>Zip:</b> |

|                                                                                                                                            |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Would you like OFFICIAL or UNOFFICIAL transcripts sent?</b><br><input type="checkbox"/> Official<br><input type="checkbox"/> Unofficial | <b>Number of transcripts requested:</b>                         |
| <b>Person requesting transcript:</b>                                                                                                       | <b>Name of Institution requesting transcript if applicable:</b> |
| <b>Email:</b>                                                                                                                              | <b>Phone Number:</b>                                            |

Please send the completed transcript request form to [lori.halloran@albany.k12.or.us](mailto:lori.halloran@albany.k12.or.us) Please use that email address for any questions. This is a request form for school transcript only and does not include replacement diploma certificates or GED certificates.

*There is no fee for transcript requests.*